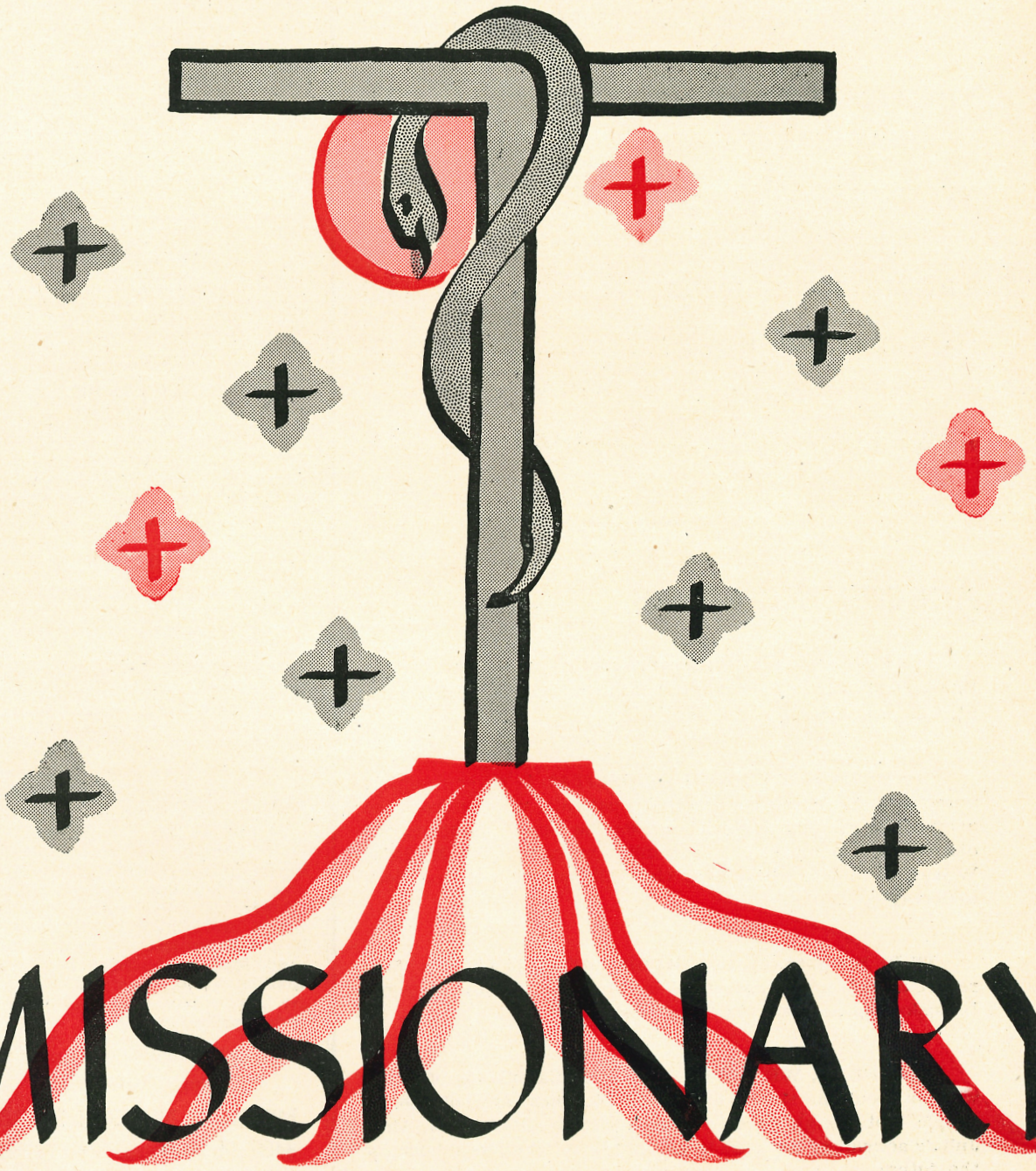
The MEDICAL MISSIONARY



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ACROSS THE PAGES . .

"THE ST. THOMAS CHRISTIANS" continues the story of this ancient body of the faithful, which claims as its first teacher St. Thomas, Apostle of the Indies.

"PATNA'S HOLY FAMILY HOSPITAL is never complete without half a dozen poor Catholic patients, usually from the neighboring villages, sometimes from the very frontiers of the diocese, two hundred or more miles away." Sister M. Elise Wijnen, M.D. tells about their chief ailments and the methods for treating them.

IT IS NO SMALL ACCOMPLISHMENT to fill in a birth report at Holy Family Hospital in Rawalpindi. Sister M. Alma Lalinsky, M.D. explains in "Vital Statistics."

"SOMEDAY, WE HOPE . . . " In India millions of lepers wander about the streets and roadways. There are not enough people—not enough places—to care for them all. Sister M. Alma Julia's account of her visit to a Leper Hospital offers a hope for the future.

THE MEDICAL MISSIONARY

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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"Until It Be Accomplished"

Numbers no longer impress us. We dote on them but they leave us unmoved. We read, we hear, we see them too often. The daily papers glibbly list hundreds and thousands killed, wounded or captured. We read—for an instant we are touched, but the number is too great. It remains impersonal, so far away, so distant. And the passing moment of sympathy which might have served to shake us out of our lethargy edges away, to lose itself in the shadow of a number.

We are told that there are 400 million Catholics in the world; that the Catholic population of our country alone numbers nearly twenty-three million; that a total of more than three million children are under instruction in our Catholic schools.

Huge numbers these! And how they feed our complacency! 400 million Catholics! We are comforted by the thought; we hide and lose ourselves in it. It is like a warm, woolen blanket on a cold winter day. We burrow under its cover, become snug and warm—and so smug—in the knowledge that we are strong and powerful, so many in number!

Yet we know this is not true. We are not 400 million human bipeds stacked one against the other—400 million human beings, pushed through a counting machine and packed like tiny sardines into a box called the Catholic Church. We are members of a Body—of a Unity. Through baptism we have received a life, we share a life, and that life is Christ.

It is therefore, no longer you, nor I, nor even we—but WE IN CHRIST. It is Christ. We share His Life, His prayer, His thought His desire, His mission. We share Christ—Who came that mankind, in all times and in all places, might have life and have it more abundantly; Christ, in Whom "all nations shall be blessed"; Christ, Who is straitened, on edge, anxious, until His work be accomplished.

For us there can be no complacency, no sitting down, no burrowing, no hiding in the shadow of a number. In Christ, we too are straitened. His anguish has laid hold on us, an anguish that cannot cease until His Church is known and loved by all nations and all peoples.

But we, human that we are, so often forget, forget that we share Christ. Other cares have dulled our awareness of Him—of His anxiety that is in us.

Mission Sunday comes as a reminder of that anguish. To be sure, every day is mission day; every day, every hour, every minute, every second is life in Christ. But we need reminders—and so, once again, we are urged, by our prayers, our works, and our alms, to give witness to the mission that belongs to each of us—to do our part for the spread of the visible Body of Christ—the Church.

Anguish indeed—and it is ours—to share the Life of the Son of God.

The St. Thomas Christians

by

The Rev. Sebastian Pinakatt

Continuing the story of the Christians of Malabar . . . the struggle to preserve their ancient rites and customs against encroachment from the West.

In the 16th century the maritime discoveries brought India to the attention of foreigners, who came to the country with the hope of establishing trade connections and if possible, of dominating the whole of it. The first of these to land in India were the Portuguese. They were ambitious traders, zealous crusaders and the advance guard of Latin culture in the East. They were received warmly by the St. Thomas Christians. It was a very critical moment for the latter, since they were being threatened on all sides by the Moorish traders and Hindu chieftains. By this time their Christian royal family had become extinct and so they sought protection from their co-religionists from the West and chose to pay homage to Vasco de Gama at Cochin, hearing that he was the emissary of one of the most Catholic and powerful kings of Christendom in Europe. This newly-formed alliance of the Malabar Christians with the Portuguese nation went on smoothly for a time to the mutual benefit of both parties. The churches and families of the Syrians were saved from the assaults of the enemy by the Portuguese. The Portuguese in their turn secured the services of the Syrians in their trade through their Bishop, Mar Jacob.

The prelates accompanying the Portuguese were fired with religious zeal and so were very interested in the Christians of Malabar. They corrected many of the un-Christian social practices prevailing among the Syrian Christians. Even common religious services in both rites were performed in the same church to the common edification of all. Christian charity guided their conduct, and when in 1503 four bishops sent by the Syrian Patriarch reached Malabar, they received a cordial welcome from the Portuguese. In short, the zealous Portuguese and Syrians behaved towards each other as brethren in the Faith. Thus it is really strange to think that the Portuguese afterwards accused the Malabar Christians of heresy and schism.

Osorius, who wrote a history of the Kingdom of Portugal, says of the Malabar Christians, "The country of Narasinga is inhabited also by the Christians who claim to have received the Faith from St. Thomas; this Faith they have always preserved with unconquered fidelity and constancy in so great vicissitude of times, change of kingdoms and adversity of circumstances". The same testimony is given by the famous Peter Jarri, S.J., and the description of their religious practices fully testifies to the purity of their observance.

In 1549 Fra Vincent, a Portuguese Franciscan, founded a seminary in Cranganore and the sons of the best families of the St. Thomas Christians flocked to this place to study for the priesthood. This period is also associated with the missionary labors of St. Francis Xavier. The Saint was very much interested in the Malabar Christians and valuable references about them are often found in his various letters. In his letter to St. Ignatius, dated the 14th of January, 1549, he wrote: "Fra Vincenzo has founded a really fine seminary where quite as many as a hundred native students are maintained and formed in piety and learning . . . He has asked me again and again to provide a priest of the Society, who may teach grammar to the students of the Seminary and preach to the students and people on Sundays and festivals. There is reason for this, because, besides the Portuguese inhabitants of the place, there are a great many Christians living in sixty villages in the neighborhood, descended from those whom St. Thomas made Christians. The students of the Seminary are of the highest nobility . . . " In the same year the Saint wrote to Father Simon Rodriguez about an indulgence to be granted to the Christians to increase their piety — "I would have this indulgence offered only to those who may have duly approached the sacraments of Penance and Holy Communion, and piously and devoutly visited the churches at Cranganore." Moreover, the Saint describes Mar Jacob, the Bishop of the Syrians, as a holy and pious man. Hence it is explicit that St. Francis Xavier considered the Syrians members of the same church and not heretics or Nestorians, as some Portuguese writers of later ages misrepresented them.

This mutual alliance was not to last to long, due to the conflict of cultures. As years went by, the

ST. THOMAS
APOSTLE
OF THE
INDIES,
PRAY
FOR US!

Portuguese lost their original purity of intention and crusading zeal. They wished to do away with the Syriac Rite of the Malabar Christians with a view to bringing them under the jurisdiction of the Patriarch of Goa. But the Patriarchs Saluka and Ebedyesus had received their jurisdiction over Malabar — a jurisdiction which had been confirmed by the Holy See.

Now at this time the Portuguese, as a pretext for achieving their desired end, began to suspect the Syrians, especially the bishops, of heresy. They claimed that, although they were in Catholic communion with Rome, they had heretical books. Added to this, the liturgical pecularities of the Malabar Christians were taken for heresy and the Syriac language was regarded as the channel through which error flowed into Malabar. Thus, to purge the Syrians of all heresy and schism, they planned to Latinize their rites and liturgy. But the conservative Syrians held fast to their cherished and time-honored oriental rites. Thereupon the Portuguese tried in many ways to establish their sway over the Syrians. They began to administer baptism and hold ordinations in the Latin rite, and proposed matrimonial alliances with the Syrians. But the latter were very strong and unbending in their exclusive feelings and refused to be classed with the recent Latin converts who were recruited mostly from the lower strata of Hindu society.

After the death of Mar Jacob, there ensued a period of great conflict and unrest during which bishops appointed by the Patriarch Ebedyesus, who held jurisdiction over the Malabar Church, were twice detained by the Portuguese and deported from the country. The second of these bishops, Mar Abraham, managed to escape from Portuguese hands and return to Malabar with papal approbation. He ruled the Syrians from Anga Male until his death in 1597, when the Syrians were again without a pastor.

At this time Dom Menezes, Archbishop of Goa, secured a special power from the Holy See to rule the Syrians of Malabar and appointed Francis Roz as the Vicar Apostolic of the Malabar Church. The most remarkable efforts for the Latinization of the Syrian Church were planned. Dom Menezes also convoked a synod at Diamper (Odayamparur) in which the Malabar Church was severed from its time-honoured and legitimate dependence on the Patriarch of Babylon and was brought under Latin prelates. History does not record such sweeping changes in the rites, ceremonies and customs of a church in any other part of the world. This action was greatly resented by the Syrians who sent petitions to the Pope for redress of grievances.

Meanwhile, discontent among the Syrians was ever increasing under the Latin rule. During this critical period, in 1652, a Bishop called Ignatius Ahattalla came to Mylapore and convinced the Syrians that he was sent by the Pope as their pastor and so appealed to them to a rally around him. But soon he was imprisoned by the Portuguese, who refused to release him at the request of the Syrians. Now the rumor spread that he was drowned in the Sea of Cochin. Roused to indignation, the Syrians under their Archdeacon Thomas Pakalamattam assembled on the 3rd of January, 1653, near the Coonan Cross at Mattancherry and swore that they would no longer obey and would have nothing to do with the Portuguese. This was followed by a consultation at Edapally, and by a Council at Alengad where twelve priests imposed hands on the Archdeacon proclaiming him Bishop Mar Thomas I, saying they had power to do so from Ahattalla. Actually, although this was not intended as a revolt against the Holy See, the ultimate result was schism.

It was not long, however, before some of the Syrians understood the seriousness of the situation and made their submission to the Archbishop Garcia, leaving the side of the newly-created Bishop Thomas I. They then petitioned Rome to send a Carmelite mission to set matters right. Pope Alexander XII responded by sending Joseph Sebastiani. This Apostolic Emissary was received as the representative of the Pope and was assisted in his work of reconciliation by Syrian priests, especially Alexander de Campo and Alexander Kadavil. Due to their efforts, many more dissidents were won over to the Catholic Church. When the Carmelites were forced to leave Malabar during the occupation of Cochin by the Dutch, Sebastiani, in virtue of his special powers, consecrated

Alexander de Campo Bishop of Magara and Vicar Apostolic of Malabar in 1663. Thus the Syrians were able to get a bishop of their own rite and country. Alexander de Campo ruled the Syrian Church for twenty-five years and peace and contentment marked his rule. He was a very charitable man, a great devotee of the Blessed Virgin Mary and exceedingly zealous in the divine worship. His humility, prudence and sagacity distinguished him and he was most worthy to be raised to the episcopal dignity. But after the death of Alexander de Campo the Syrians, (the Pazhyakuttukar, those who adhered to the Faith of their forefathers) were again brought under Latin rule. The schismatics, who were known as Puthenkuttukar, refused to submit to the Latin rule, and under their bishops fell away from Catholic communion. However, their number has gradually dwindled and many are coming back to the Catholic fold.

Alexander de Campo was succeeded by Latin bishops. Shortly afterwards the Vicariate Apostolic of Malabar was started for the Syrians and Bishop Angelus Francis began to rule them. But the state of the Syrians was still not very peaceful. All the St. Thomas Christians were taken up with the same object of accomplishing a reunion of all the Syrian Christians and hence were making tentative approaches to Rome. For this purpose, Father Thomas Paremakal and Dr. Joseph Cariatti went to Rome and obtained a favorable hearing from the Pope. Joseph Cariatti was consecrated Archbishop of the vacant See of Cranganore in 1783. However, he died before reaching Malabar and the hope of reunion under the same prelate was frustrated by his untimely death. Thus for two hundred years the Syrians remained under Carmelite rule.

(to be continued)

Missions And Missionaries

Excerpts from an address of His Holiness, Pope Pius XII to the Supreme Council of the Pontifical Mission Societies

We believe future history will esteem the work of the missions far above the deeds of the Crusaders. The Crusades tried to achieve their objects with military or political weapons. The missions work with the sword of the spirit—truth, love and sacrifice.

The task the Crusaders set themselves was to free the Holy Land and in particular the Holy Sepulchre—doubtless a noble aim—and also, from an historical point of view, the Crusaders meant to defend the Faith and culture of the Christian West against Islam.

The work of the missions goes farther. Its task is to make the whole world a Holy Land; to extend the Redeemer's reign over the souls to the last hutment and to every man . . .

* * * * *

We do not hesitate to affirm that Catholic missions in modern times have given a wonderful proof of the Church's divinity. At a time when the impious and godless mislead many, attacking the human rights of unity and fraternal love, we desire to utter words of appreciation, praise and gratitude for this work of unity and love . . .

* * * * *

The missionary is the apostle of Jesus Christ. His task is not to transplant European culture into the missionary lands, but to make people—who sometimes have behind them a 1,000-years-old culture—ready and able to assimilate themselves to the elements of Christian life and its customs. These elements of Christian life are easily and quite naturally harmonized with any sane and healthy culture to which they will then give the power for its full unfolding.

Native Catholics must be truly members of God's family and citizens of His Kingdom, without thereby ceasing to remain citizens of their earthly motherland. It is the misions' great aim to introduce the Church into new regions and to let her take root, so that one day she can live and develop without help of the missionaries. The work lives not for its own ends; it retires as soon as is has reached its aim . . .

* * * * *

. . . Nothing brings the Church so near the people as her charitable work. If we wished to write a motto for the missionary movement since the 16th century, we could hardly find one more suitable than the words, "O! The depth of the riches of the wisdom and knowledge of God! How unsearchable are His judgments and His ways past all knowledge."

They Come To Patna . . .

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

When simpler remedies fail, the missionaries bring the sick villagers to Holy Family Hospital in Patna. Common complaints are kala azar and sores.

"Sister, Father G. is here. He has just come in from the **dehat** (country), and has brought a couple of Christians with him for admission."

"Don't tell me now, let me guess! One will have kala azar, and one will be covered with sores, and if there are any children, they will have dysentery, too!"

"You may well be right; you frequently are! In the meantime, where will we put them? The men's ward is full, and two of them are half-grown boys. There is a mother with a baby, also. She can go upstairs, of course."

"Put the boys together in one of the side rooms. And be sure to send word down to the kitchen right away. They will be starved, of course, as always. Thank God we still have enough food to give to them."

So it goes, week after week. Patna's Holy Family Hospital is never complete without half a dozen poor Catholic patients, usually from the neighboring villages, sometimes from the very frontiers of the diocese, two hundred or more miles away. The priests bring them in any time of the day or night, travelling with them for many weary hours in the slow-moving, uncomfortably packed trains, through the dust and the heat of the plains. For them this is usually the last lap of an even longer journey, for they rarely go to the trouble and expense of a trip to the hospital, until they have exhausted all their skill and resources on these sick parishioners. For weeks they may have been dressing their sores, pouring quinine down unwilling throats, or coaxing a mother to take her child to the sisters. So when the patient finally arrives here, we know that we have quite a task ahead of us. Minor ailments will have gotten well of themselves, because of, or in spite of the treatment long before they reach the hospital!

One of the commonest diseases among these country Christians is kala azar. Whenever we get a history of long, continued, irregular fever, with an enlarged spleen and a low, white blood count, we do not waste our time looking for malarial parasites, but go straight to the tests for kala azar. Malaria is common enough, but usually it is under control before we see the patient, either of itself or due to the quinine mixtures handed out in every rural dispensary for every kind of fever. Occasionally a stubborn case that has not received adequate treatment slips in and surprises us, but ordinarily every case of fever and enlarged spleen will turn out to be kala azar. Not that we mind, for kala azar is a very satisfactory disease, from the doctor's point of view! The treatment is long and tedious, but guaranteed to be ninety-five per cent successful, at least in the early stages. It consists of a course of intravenous or intramuscular injections, running into several weeks and even longer in old or neglected cases. But the patient does not feel very ill, and after a few treatments picks up strength and appetite at an alarming rate!

After a week or two there really is no need for hospitalization, but unfortunately the patients must stay because of the difficulty of obtaining treatment in the villages. Oral medicines are ineffective in this disease.

For most of the villagers, this is the only vacation they have ever had, or are likely to have. We try to keep them occupied, but their minds and hands are not adjusted to our kind of work, and they soon tire of making cotton balls and rolling bandages. We have no land for them to spend their energies on, and as for washing, sweeping and cleaning, we have long since given up asking it of them. They may be poor and of low caste, they tell you indignantly, but they are not sweepers! Thus is India still ruled by the caste system, even among the Christians.

Every so often we do have a case which shows that kala azar can be fatal, if left alone long enough to do its worst. Will we ever forget young John, a victim of the Bengal famine, who dropped down on our doorstep a few months ago? He brought a letter from one of the priests saying that he had been a servant in a Bengali village, although originally a native of Bihar. For months he had starved or half-starved, and finally he had made up his mind to wander back to his own country. He managed to reach Bihar by the usual means of the poor in India, sneaking a ride on the train for a few stations until discovered without a ticket and thrown out, sleeping on railway platforms and begging along the coaches for food and money. It took about three weeks for the entire trip, while he was getting weaker and weaker all the time.

When he arrived in his village the priest sent him right on to the

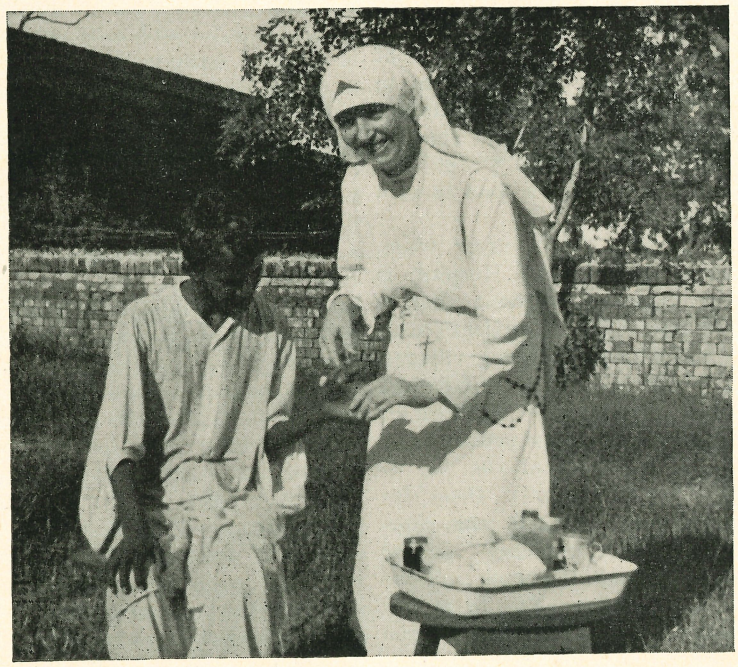
hospital. He looked like a skeleton with a paunch, and pillars for legs, all due to emaciation and concomitant edema. His blood was as thin as water. Tests showed up kala azar as well, besides the starvation, anemia and beri beri that could be seen with the naked eye. For several days we treated him up to the hilt, in an effort to turn the tide. But it was too late! Up to the last minute he kept begging for more food and crying bitterly because his stomach could not hold it. It must have seemed the irony of fate to him that when he finally arrived in a place where food was plentiful, his wasted body was unable to assimilate it.

All during the hot weather "sores" are an ultra-fashionable complaint. The people call it "kujli", after the main symptom, itching. Every year the priests write to us, begging for an instantaneous and cheap cure for the annoying malady. These sores are of all varities and severity. Some are undoubtedly a neglected and much scratched scabies; others are the result of a combination of lack of cleanliness and nutritional deficiencies. Then there are many kinds of impetigo. Obviously, no one treatment will cure them all. Moreover, a certain amount of control over the patient is necessary as full cooperation is not to be expected from these ignorant village folk.

You may tell a man to wash all over before applying the ointment, for instance. He will say, "Han, han," willingly, go down to the river or to the city pump, and throw water all over himself, taking good care not to expose himself unduly. Hot water, soap and a brush mean nothing to him, and of his own free will he would never go near them. When the parish priests give up in despair and send their "kujli-walahs" to the hospital, they invariably gasp with surprise to see them back, cured in less than a week, and promptly demand some of that wonderful medicine. They do not realize, until it is pointed out to them, that a hot bath with soap and a scrubbing brush, and a nurse standing over it, clean clothes, dressings twice a day if necessary, a balanced diet and rest in bed are all part of the treatment, hard to reproduce in the villages.

Apart from any specific treatment according to the cause, we have found sulfanilamide, powdered and sterilized and made up into a six percent ointment, a very satisfactory dressing for all these crusted, pustular sores. This simplifies the treatment, as it takes the crusts off painlessly in one or two applications, which is quite an item when you are dealing with a spoiled five-year-old and his hysterical mother. In three or four days the sores are clean and healing and a simple, mild antiseptic will keep them so, provided the patient keeps reasonably clean and desists from bathing in mustard oil. Here again, hospital discipline and constant watching are essential for some of these people, for they cannot or will not understand an order that goes contrary to their age-old habits and customs.

There is one kind of sore that appears on the lower leg, around the ankle and in front of the tibia, a slow-growing, indolent ulcer, usually single, that defies treatment for weeks and goes right down to the bone, causing much pain and crippling. These sores are common in beggars and young growing boys, who are always half-starved no matter how much rice they get. They probably start as minor injuries, become infected and reinfected, are scratched, plastered with mud and cow-dung, and covered with leaves of the soap-tree, until finally the surrounding tissues give up in disgust and refuse to make any further effort at healing. It takes weeks, first to clean up the infection, and then to coax the healing processes along. Here again diet is all important. Most of these boys have never tasted



"During the hot weather 'sores' are an ultra-fashionable complaint—especially common in young growing boys, who are always half-starved, no matter how much rice they get . . . It takes weeks, first to clean up the infection and then to coax the healing processes along . . . . . ."

meat in their lives, and it nearly chokes them to have to eat it. They protest vociferously against raw tomatoes, and despise whole wheat chapatties. Rice and more rice, never mind the trimmings, that is their idea of a meal. Most of them need milk, eggs and cod-liver oil as well, but the budget will not stand it, unless absolutely necessary. Meanwhile we hope that someday, when our ship comes in from the States loaded with boxes full of medicines, we will have vitamins galore again to give to these people.

One thing has impressed us forcibly in all these transactions, and that is the unfailing interest, patience and kindness of the missionaries. They literally live for their flock, and nothing is too much for them. They will spend their last anna, their last ounce of energy and their last free minute in the day on these sores and fevers. They may be imposed upon and abused for their pains, but they hardly seem to notice. They go right on, tramping from village to village, spending weary hours coaxing and explaining, dressing, cleaning up and bandaging, giving out medicines and food, all this in addition to their other activities in church and school. Their appalling loneliness and helplessness are a constant reminder to us that our task is indeed easy and pleasant, compared to theirs. Truly they are men of God, doing His work for His glory only, under the most trying conditions imaginable.

Vital Statistics

by

Sister M. Alma Lalinsky, S.C.M.M., M.D.

Filling in reports can be a real feat!

"Nirmala, what is your husband's name?"

"I would rather you asked my mother-in-law."

That is the kind of answer you learn to expect if and when you go about asking the average orthodox Hindu or Sikh woman her husband's name. Such a question seems to her rank impertinence. The same objection is shown when she is asked her father-in-law's name. Educated Indian mesdames, however, do not show this unwillingness but frequently use the western custom; when asked their own name they give the husband's with the prefix, Mrs., as Mrs. Hira Lal.

When filling in birth reports for the local municipality, the baby's father and father's father must be given. Such a seemingly insignificant thing (to the officials) as the mother's name is not required but they are interested in her age. Needless to mention, we insist upon giving the mother's name, too. Other data to be furnished includes: date of birth, name of child, sex, address — which means the **mohalla** (district), street number and landlord, husband's caste, religion, occupation and the number of living children. All these items are arranged in Urdu script on blank forms supplied by the municipality and reports must be filled in and sent within three days of the child's birth. This information may be given in English.

During 1943, of the 641 babies (including eleven sets of twins) born in our hospital in Rawalpindi, 293 were Hindu, 233 Sikh, 55 Mussulman, 20 Indian Christian, 22 Anglo-Indian and 18 European. To register all these births should have been mere routine and no mean accomplishment, yet without doubt it was a real feat.

The first stumbling block encountered is inability to discover the names of the male progenitors. Be it shyness, respect or merely custom, the mother of the baby will not disclose her husband's name nor her father-in-law's. To ask the husband himself is not always possible. He may be in the army or on tour—or he is just not around when you want him. The mother-in-law will give her son's name gladly, but try and get her own husband's name out of her! As the latter happens to be the paternal grandfather's name required in the report this line has to remain blank until some other enlightening relative comes along.

If you want to precipitate peals of laughter, ask the average Indian mother what she intends to call the new baby. Babies are named days, months, or even years after birth. Up to that time they call the baby "kaka" and "jatak" if it is a boy, or "kakee" and "kooree" if it is a girl, or simply "baybee." Usually the name is finally given by a holy man or is picked at random from some religious book.

The caste of the husband may be unknown or forgotten, but as far as his occupation is concerned, a woman cannot be wholly oblivious of what her husband does, whether he is a goldsmith, shopkeeper, gardener, soldier, hawker, schoolmaster or **babu** (pronounced "boboo" and meaning "clerk"). When asked the occupation of a husband

No street numbers here! The lowly mud hut is the home of the poor in Northern India.

one patient rejoined: "He is S.D. O., M.E.S., N.W.A.!" (Subdivision officer, military engineering service, northwest army).

Just try to find out where a patient lives. If you are lucky, she will know the general locality, but the street, house number and the landlord's name are completely beyond her realm. During the recent census taking, all the houses, huts and hovels in Rawalpindi were marked with little iron plates bearing the letter of the district and the number of the house, in English. Our own front gate bears the number J/287. What a thankless, weary and painstaking job it must have been. Now there is no excuse for incorrect addresses. But here are a few of the snags: "How can I tell you the house number when I can't read English, or not read at all?" "Some naughty children pried the iron plate off my door." "My house was built since the census was taken so it does not have a number."

Our headaches do not stop with the despatching of the reports by our errand boy. The **babu** sometimes returns a report or two with the pert remark, "There is no such name!" And sad to relate, he is more often right than wrong. Is it lack of imagination that obscures his vision or mere obstinacy to refuse to see that when we slip up and say "Taram Singh" we must mean "Dharam Singh" — a perfectly respectable Sikh appellation. The **babu** insists, and rightly so, upon a complete address, but perhaps not from purely unadulterated motives. The public health authorities in general, and the public vaccinators in particular, are apt to make life a bit unpleasant for him if, upon going to these various addresses to vaccinate the infants when they are three months old, the houses cannot be found because of inaccurate or incomplete addresses on the birth reports. And who wants to make life any more unpleasant that it already may be for a conscientious **babu?**

The Mission Clipper

CATHOLIC PROGRESS IN INDIA

India, the land where St. Francis Xavier began his missionary labors more than four centuries ago, is rapidly coming to the force as a country of sustained Catholic activity.

Last May, His Excellency, the Most Rev. George Alapatt, Ph.D. was consecrated Bishop of Trichur, to succeed the late Bishop Francis Vazhapilly. This second appointee to the See of Trichur was educated in St. Thomas High School and College in Trichur and in the Propaganda College in Rome.

The Carmelite Sisters, who were obliged temporarily to discontinue St. Theresa's College for Women at Ernakulam because of the war, are now happy to report the reopening of this institution. In addition they have started a new college for women, to be known as Carmel College, in the diocese of Trichur.

This year the Archbishop of Bombay performed two important ordinations. In Bombay itself he raised to the priesthood the first graduates of the diocesan seminary to reach Holy Orders. In the mission of Karachi he ordained the Rev. Francis Nebhan Kotwani, O.F.M., of the Province of Sind. This was the first ordination ever held in the mission and Father Kotwani is the first young man of his province to become a priest.

Plans are under way for a Catholic Union of India which will

have for its object the promotion of the rights, liberties and interests of Catholics. It will have no political aims. The Union is already assured of an initial membership of about two thousand.

—**The New World, Chicago**

IMMUNITY FOR MILLIONS

A startling fact about the fight against yellow fever is given in the **Review of the Rockefeller Foundation,** 1943. We read: "In 1927 a blood specimen was taken from a black native named Asibi who was sick with the disease. This specimen was inoculated into a rhesus monkey which had just been received from India. Asibi recovered but the monkey died. All the vaccines manufactured since, both by the Rockefeller Foundation and by the government and other agencies as well, derive from the original strain of virus obtained from this humble native. Carried down to the present day from one laboratory animal to another, through repeated tissue cultures and by enormous multiplication, it has afforded immunity to millions of people in many countries."

ANTI-ILLITERACY CAMPAIGN IN CHINA

China's fight against illiteracy has been intensified with the promulgation of a new law which provides that all children six and twelve years of age shall receive free basic education at public schools and in all counties there shall be one public school for every pao. (A pao consists of 100 to 150 households.)

In 1938 China's illiterate population totaled 360,000,000, according to statistics of the Ministry of Education. Of this total 40,050,000 were children below six years of age; 74,250,000 were children of school age (6 to 15); 79,430,000 were dumb, deaf, crippled or insane persons. The number of illiterates within the age bracket of 15 to 45 was 164,700,000.

By August, 1940, the year China's five-year plan for mass education was started, the number of illiterate adults between 15 and 45 was reduced to approximately 140,000,000, and that of children between 6 and 15 to 53,100,000.

—**New York Times**

> It is beautifully said, O Lord, that your grace is all-powerful, that the Holy Ghost is ever ready with His Gifts, and that the "arm of the Lord is not straightened." In answering this eloquence, our scepticism knows well that grace has built neither a seminary nor a hospital, and that the Holy Ghost has no current account at the bank. It is WE, MANKIND, who must provide the bricks and lay them in the mortar; it is we who furnish the rooms, provide the food and find the money . . .And if the arm of the Lord is not straightened, it is because the ARMS OF THE FAITHFUL have upheld it.
>
> —Pierre Charles, S.J.

A TRUE CHRISTIAN

The **Journal of the Stanley Medical College,** Madras, India published the following memoir of a Telegu ward-boy in the hospital, who after very devoted service to the sick, died at the close of his twenties. It is especially interesting to note that the writer, a Brahmin doctor at the hospital, could find no higher praise to give this humble hero of charity, also apparently a Hindu, than by calling his conduct "Christian." He writes:

"None but those endowed with the highest type of the spirit of service would venture near these patients to give them help. A few may have the courage to harden their senses and approach, but for a time only. No one but the true Christian would remain there to render help at all times . . . Never would it be possible for an ordinary person, even for one with the most meticulous sense of duty, to repeat such service again and again, day and night, and at the same time not show, even in the slightest form, any sense of irritation at being called yet once again, to help. It takes the highest sense of duty plus the highest spirit of service even to suppress all natural demonstrations of irritation, petulance, anger, and vexation. But to smile, to speak softly, encourage, pat on the back, converse, clean, turn over, adjust the bed, pull out the rucks, pat the pillow, fan away the flies, disperse the ants, clean and tidy the surroundings, sprinkle antiseptics, feed, clean and wash, and repeat all these, or many of them, over and over again to the incoming and outgoing poor patients . . . to go through such a life day after day with a smile on the face and joy in the heart — to do all these, one must be truly divine."

—**The Examiner, Bombay, India**

R. I. P.

Please pray for the souls of:

Mr. Maurice Shean, N. Y. C. (Father of Sister M. Patrick, S.C.M.M.)

Mrs. Thomas E. Keeffe, Philadelphia, Pa.

Mr. Philip C. Roberts, Springfield, Mass.

Mrs. Edward Gangloff, Buffalo, N. Y.

May their souls and the souls of all the faithful departed rest in peace. Amen.

"Someday, We Hope . . . "

by

Sister M. Alma Julia, S.C.M.M.

India has millions of lepers . . . . but we hope . . .

It was a bright snappy autumn day — the kind of a day when you feel like getting out in the sun and taking a long hike somewhere or cycling to a neighboring village. Instead, I took a tonga and paid an overdue social call to the local Leper Hospital.

The doctor in charge was sitting out in the sunny space in front of the dispensary working at a table, books spread all around. His wife, a nice, homey little woman, soon joined us and a few minutes later we were deep in a discussion about cows — the different breeds, the best way of feeding them, the output of milk and the intricacies of dairy farming.

This is what started it — the doctor's wife makes a business (or hobby) of dairy farming and Holy Family Hospital happens to be one of her customers. She has cows of a mixed English and American breed, perhaps a little Indian too, and from these cows we get the good whole milk which we need for the new-born and sick babies in the hospital. For the rest of us, we use skimmed buffalo milk which is much cheaper.

Now once, a number of years ago, I had been quite interested in dairy farming and had read innumerable articles and pamphlets on the subject. It was not new to me, so the upshot of the conversation was that we became quite good friends, which gave me the chance to work in questions and obtain information about the leper asylum. The doctor and his wife told me there were about 130 adults and a few children, patients in their asylum. In addition they had some 31 children who belonged to the patients but who were not infected. They were segregated in an entirely separate building of their own.

The doctor explained how it was done. When the patients were admitted — it was often the whole family who came — the children were examined and if found free of the disease, were put in the separate block. Children under three years of age were left with the mothers, because so far there was no accommodation for them and no one to look after them. It was eight years since the doctor had been able to segregate the clean children, above three years of age, from their families, and during that time only one of the segregated children had developed the disease. But it must be remembered that he was not separated from his leper parents at birth but some years later.

The doctor pointed out this little boy to me. He was now about ten years of age and looked quite normal and contented. The symptoms had been discovered early and he was under treatment, so he had a good chance of recovery or at least of becoming an "arrested" case.

We walked over to the huts where the active cases lived, just one-room brick and mud dwellings around an open courtyard, native fashion. Piles of dry cow-dung cakes were stacked by each door for cooking and heating purposes.

"If a husband and wife are both here, they share a room. The others I have living two in a room, the women in one section, the men over there. Sometimes it is a mother and a girl, or a father and son," the doctor told me.

"But those chlidren under three — won't they catch the disease if they haven't it already?" I asked.

"They usually do but they have to take their chance. There is nothing else I can do. It is only since 1936 that I have been able to segregate the older children. Some day I hope we can do something for these."

Knowing, as I do, that if the babies are removed from their mothers at birth they would never (or practically never) get the disease, it seemed cruel that they should be left exposed to leprosy just because there were neither places to accommodate them nor people to care for them.

(But there are people and places — and who is to bring them together?)

I looked over at some of the mutilated men minus noses or other organs, and then I saw a darling baby being carried across the courtyard on his young mother's hip. Something more than the Indian sun made my eyes blink. One might as well line the babies along the wall and call the firing squad and shoot every tenth child. And then decimate them again and again. Only death by bullet is quicker and easier than death by leprosy.

The doctor told me quite a few things I didn't know before: That there was a law of segregation of lepers (The Leprosy Act) in India. But nobody enforces it. They cannot, for the simple reason that there are millions of lepers in the country, but no money to build accommodations for all of them

and no one to care for them.

I also learned that most of the leper hospitals in India have been built and staffed by missionaries and mission societies, Catholic and Protestant. Here in the north of India they were started by Protestant mission societies (probably English missionaries) but the Government helps to finance them. This particular hospital is now entirely financed by the Government.

Although the North of India has a smaller percentage of lepers than the South and especially the poorer parts of India, yet even here the lepers wander about freely, living in their rich or poor homes, or begging on the streets and at temple doors. Many of these — rich and poor — are in the infectious state and pass on the disease to others.

"I know of quite a few right here in Rawalpindi," the doctor told me, "whom I cannot induce to come even for treatment. One case alone, I know, has already infected five other people. But he is rich and no one can stop him from traveling in public conveyances and eating in public places." It seems that the destitute leper is usually the only one who will come into the hospital, and then only for a time, as in the hospital he has shelter, free food, clothing and treatment. But the professional beggar prefers to remain on the streets; he can make more money begging, and he likes the freedom and contact with life around him.

"What do you have here mostly — Hindus and Mussulmans?" I asked.

"A little of everything — Hindus, Mussulmans, a few Christians, lately some Burmese refugees. See that woman crossing from the dispensary now. She is from Burma."

"Have you any Roman Catholics?"

"Not now. The priest used to come over to visit them when I did. The last I had were from Bengal, a man and his wife, but they became lonesome for their own people and went back."

Then we returned to the subject of finances. I was trying to figure out in my own mind the nearest approach to the solution of the problem of segregation. It went something like this:

Although there are millions of lepers in India, not all would have to be segregated — but only those in the infectious stage. The doctor agreed that many of the lepers were not a menace under ordinary conditions.

Out of these infectious cases, many were well enough off financially to bear their own expenses of segregation. As I remember the law in the States, a leper is bound to be segregated (and the law is carried out) — but the patient is not obliged to go to the national leprosarium and may be segregated in his own home or in a separate house on his own grounds, just so he can arrange his segregation to the satisfaction of the health authorities.

Now if only the destitute, infectious cases must be institutionalized, that cuts down the budget already. And of those, a large percentage are not so

Millions of lepers roam the cities and countryside of India. This blind leper begs for his living

helpless that they cannot work in the institution or do independent work, which would help defray the expenses.

But it was time to say thank you to my hosts and return to Holy Family Hospital, so I took leave of the kind doctor and his gentle, motherly wife, who by the way, are Indians and Protestants — mission people — and are doing a grand job. I only wish we could fill in the gap and take those newborn babies before they are exposed to infection.

On the way home I was trying to figure out where we could place them in the new Holy Family Hospital. According to statistics, some will die the first year. Babies are hospital cases for one year at least. The nurses need the pediatric training. Some can be adopted out, perhaps, before their first or second birthday. Those who reach their third year with us — if there are any left, could be sent to St. Catherine's Orphanage. There would be no longer any danger of their developing the disease, and if such a thing should happen, no harm would be done as the disease would be discovered and checked before anyone else could get it. Leprosy is not caught easily, anyway; such a thing is almost impossible under modern hospital technique.

And so I dream another dream.

News From Home And Abroad

AT HOME

BLESSINGS IN SANTA FE

There is so much to tell about our mission in Santa Fe — the blessing of the new house, departures, the first Mass in our chapel — one scarcely knows where to begin.

The best, however, is to begin at the beginning, which is August 15th, when the Santa Fe Catholic Maternity Institute, as our school for Nurse-Midwives is called, was officially opened and blessed by His Excellency, the Most Rev. Edwin V. Byrne, the Archbishop of Santa Fe.

His Excellency, accompanied by his secretary, the Rev. Sigmund Charewicz, came over early in the morning to offer the Holy Sacrifice of the Mass for the first time in our new chapel. After breakfast His Excellency went through the entire house and blessed every room and even the car which takes the sisters out on their many calls in the country. He gave it two blessings in fact, one for the "macchinam" and another for the "curram," where the passengers sit. As one of the sisters expressed it—"This car certainly needs protection and attention from heaven!"

Later in the day, in the afternoon, a reception was held for the sisters from the neighboring convents. In the evening there was "open house" for the laity at which His Excellency presided. It was very well attended by about five hundred people, among whom were many mothers who had been cared for by the sisters since the beginning of the year.

The sisters wish to express their gratitude to all who helped them on this day, especially to all who assisted with the preparations, the program and other arrangements.

DEPARTURES

During the course of the summer the Santa Fe pioneers have received two more members, Sister M. Augustine, who will keep the home fires burning while the sisters are out on calls and at the school and clinic, and Sister M. Michael, who is one of the instructors at the Institute.

At the close of this month Sister M. Gemma and Sister M. Stephan, both of whom are nurses, will leave for Santa Fe to take up work at the Catholic Clinic. Thus, our Santa Fe mission is growing—a fertile ground where our apostolate may strike deep roots, increase and flourish.

FROM INDIA

MARY GIRI

A few days ago we received the first letter from Mary Giri, the novitiate of the Malabar Medical Mission Sisters. It was written upon the arrival of Sister M. Pauline, who is the novice-mistress, and her assistant, Sister M. Vincent.

Sister M. Pauline writes: "On Friday, July 21st, we arrived at Alwaye, where Father Pinakatt, a friend and the girls met us. We were garlanded with beautiful golden strands decorated with flowers. Then we went to a travellers' bungalow for dinner. Father had met us with a car, so we drove to the Apostolic Seminary in Alwaye, where we visited the Father Rector whom Father Pinakatt had consulted about his project long ago. The Rector is a Spanish Carmelite and has been in India some forty-five years. Just to see him was an inspiration.

"After a forty-two mile drive through the country we reached the Bishop's house about eight o'clock. His Excellency, Bishop Kalacherry, received us most kindly and said he was very happy that we had come to begin the work. The Bishop has great devotion to St. Joseph and gave us a lovely carved ivory statue of the Saint about ten inches high. We had some tea and at last started for home. On the way we stopped to meet the manager of the Palai bank who had lent us his car and driver. A few priests were also there to greet us. Many priests and people had gathered in the afternoon, but after waiting for four hours had dispersed. Next week

there is to be a large 'greeting gathering' in the parish school hall. We arrived at Mary Giri about ten p.m.

"Our property here is forest land which is gradually being cleared. The foundation stone for the permanent building is a short distance from our present house and on a little knoll. We are in mountainous country and the view must be beautiful on a clear day. Just now, however, we are still in the midst of the rainy season.

"The little chapel is lovely. The front panel of the altar was painted by one of the local artist's and is very beautiful. It depicts the Holy Family; St. Joseph and the Child Jesus are working at a bench, while Our Lady is cooking in the corner.

"We are quite well supplied with beds, chairs and tables. Father Pinakatt worked hard trying to get the house fixed up for us. Yesterday we went to the bazaar to buy material and cardboard for lining the tabernacle. The benefactor who gave us the house also came to visit, and some priests from Palai called. It is truly wonderful to be in a Catholic country where there are so many churches instead of temples.

Arrival in Mary Giri. Father Pinakatt and the three new postulants welcome Sister Pauline and Sister Vincent.

"Today, Sunday, we went for a walk around the grounds, and Father blessed our Angelus Bell, christening it 'Thomas.' This morning we had private Benediction. As the postulants cannot sing and I do not know Syriac, I sang a solo 'Tantum Ergo' and 'Laudate' and Father said his part in Syriac. There is so much to learn and so much to do . . . "

RAWALPINDI

According to a letter received from Sister M. Leonie, who is one of the doctors at Holy Family Hospital in Rawalpindi, the dispensary is one place where surprises are never lacking; She writes:

"Occasionally we have patients who are very purdah, like the one who was here a few weeks ago. Her husband had to go out and wait in another room when some of her women relatives came to visit her.

"The strictest purdah I have seen in a long time was kept by the wife of a Muslim priest. She was always dressed in purple chaddar and trousers, with a red line running through the material. To safeguard her purdah she not only wore a burkah but had devised an umbrella to cover herself even more completely. It was an ordinary umbrella, but was draped with cloth of very bright colors reaching almost to the ground. When she stepped out of the tonga she would unfold the affair. The color effect was marvelous—purple legs walking under those bright, multicolored drapings. While in the waiting room she used to sit down in the middle of the floor, safely hidden under her protecting umbrella. Apparently purdah was not meant to divert attention from the womenfolk."

PATNA

Sister M. Elise sends us good news from Patna, that the hospital and nurses' training school is growing. She writes:

"Patna will be counting 120 beds when Sister Ann and I return from Murree in two weeks, despite war and rationing and everything else. It is a joy to see the hospital get larger and larger day by day. We could use three more sisters right now, including someone to keep house. There is so much sickness in Patna, and the people are so anxious and willing to come to the hospital that we shall be able to fill 100 more beds in another year.

"Our first group of student nurses is scheduled to take their first examination in the fall. These girls work so hard, and the study is very difficult for them. Even the language is against them; for some, Hindi is entirely new. They are all used to phonetic spelling so the English terms are almost impossible to teach to them. They are 'raw village girls', as one of the priests expressed it and everything is new and strange to them—beds, linen, baths, cleanliness, tidiness, sterile technique, medicines, obeying orders, reporting all happenings, etc. — it's like a new life to them. That they do so well, despite all these handicaps, is all the more to their credit!"

UNTO THE ENDS OF THE EARTH - -

From the pine-clad heights of the Himalayas to the depths of the jungles of Africa, stands the tiny mission chapel — symbol of Faith and Love

STRETCH THE BONDS OF MISSION CHARITY....

On Mission Sunday, October 22, the Holy Father through the Society for the Propagation of the Faith, urges the faithful all over the world to prove that love, to share in the spread of the Kingdom of Christ, His Church.

MAKE MISSION SUNDAY A REAL DAY OF FAITH AND CHARITY BY ANSWERING, THROUGH PRAYER AND ALMS-GIVING, THIS UNIVERSAL PLEA OF THE HOLY FATHER.

SUGGESTIONS —

A daily OUR FATHER for missions and missionaries all over the world.

Enrollment in the Society for the Propagation of the Faith. This can be done by contacting your Diocesan Director.